

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 1

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.1005; §1902(a) of the Social Security
Act; 42 CFR 435.1006

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0
b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 6 to Att. 2.6A (04-01)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supp. 6 to Att. 2.6A (03-04)

Vermont (04-01)
approved: 09/20/04
effective: 01/01/04

10. SUBJECT OF AMENDMENT:

Update to Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

[Signature]

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Signature]

13. TYPED NAME:

Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

3/23/04

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 24, 2004

18. DATE APPROVED:

April 20, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Payment Level (Monthly)*	
	Federal	State	One person with gross income ≤ \$1,692 per month	Couple with gross income ≤ \$3,384 per month
Independent Living Outside Chittenden County	X		\$616.04	\$944.88
Independent Living Chittenden County	X		\$616.04	\$944.88
Another's Household	X		\$415.30	\$612.31
Licensed Residential Care Level III (Limited Nursing Care)		X	\$831.13	\$1,449.69
Licensed Residential Care Level III (Assistive Community Care)	X		\$612.38	\$942.77
Licensed Residential Care Care Level IV	X		\$787.94	\$1,408.06
Custodial Care Family Home	X		\$662.69	\$1,178.82
Long-Term Care (Medicaid Payment)	X		\$47.66	\$95.33

*Vermont applies federal SSI program eligibility criteria, income disregards, and resource limitations.

42 CFR 435.1005

42 CFR 435.1006

TN: 04-01

Supersedes

TN: 03-04Approval date: 04/20/04Effective date: 1/1/04